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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S00074** **(2)**

1. Corporation Name

PURPLE ISLAND PROPERTIES, INC.

Principal Place of Business	Mailing Address
% ANTHONY E CIMAGLIA 1900 NW 40TH BLDG #1 POMPANO BCH FL 33064 US	% ANTHONY E CIMAGLIA 1900 NW 40TH CT BLDG #1 POMPANO BCH FL 33064 US

2. Principal Place of Business	Anthony E. Cimaglia	2a. Mailing Address	Anthony E. Cimaglia
Suite, Apt. #, etc.	6862 Brava Way	Suite, Apt. #, etc.	6862 Brava Way
City & State	Boca Raton Fl	City & State	Boca Raton Fl.
Zip	33433	Zip	33433
Country	USA	Country	USA

3. Date Incorporated or Qualified	08/28/1990
3a. Date of Last Report	02/09/1995
4. FEI Number	65-0231980
	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired	☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	☑ Yes ☐ No

9. Name and Address of Current Registered Agent

CIMAGLIA, ANTHONY E
1900 NW 40TH CT BLDG #1
POMPANO BCH FL 33064

10. Name and Address of New Registered Agent

81 Name	Anthony E. Cimaglia
82 Street Address (P.O. Box Number is Not Acceptable)	6862 Brava Way
83	
84 City	Boca Raton, FL
85 Zip Code	33433

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CIMAGLIA, ANTHONY E. P. O. BOX 349928 BOCA RATON FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Pres Anthony E. Cimaglia 6862 Brava Way Boca Raton Fl. 33433	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Anthony E. Cimaglia 3/8/96 305-695-9716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #